P.O. Box 262, 15 Donegani Ave.
Pointe Claire, Quebec, Canada H9R 4N9

Toll Free: 1.866.695.5995

Fax Toll Free: 1.866.943.6673

E-mail: info@idealnorth.com
www.idealnorth.com

Bill To :

Store Name:_____
Address:_____P.O Box :_____
City/Town:_____Province:_____Postal code/Zip: _____
Tel:(_____)_____Fax: (_____)_____
E-mail:_____
A/P Contact:_____Years in business_____

Ship To : (IF DIFFERENT THAN ABOVE)

Store Name:_____
Address: _____P.O. Box:_____
City/Town:_____Province:_____Postal Code :_____
Tel:(_____)_____

Owner :

Owner's Name:_____
Home adress:_____P.O Box:_____
City/Town:_____Province:_____
Code Postal:_____Tel: (_____)_____

Bank:

Bank Name:_____Contact:_____
Branch/address:_____
City/Town:_____Tel: (_____)_____

Please note : It can take 2-4 weeks until we hear from your credit references. To expedite your first order, you may wish to select an option below

☐ **VISA** ☐ **MASTER CARD**

Card #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Exp.: _____ / _____

Name exactly as it appears on card: _____

If you prefer to pay ALL your invoices from IDEAL NORTH Inc by credit card, please initial here: _____

Trade references:

Company Name:_____Contact:_____
Address:_____City:_____
Tel:(_____)_____Fax:(_____)_____

Company Name:_____Contact:_____
Address:_____City:_____
Tel:(_____)_____Fax:(_____)_____

Company Name:_____Contact:_____
Address:_____City:_____
Tel:(_____)_____Fax:(_____)_____

In consideration for the continuing extension of credit to my company by Ideal North Inc (supplier), I hereby expressly grant to supplier permission to investigate business and or personal(if sole proprietor) credit sources in order to establish for my company with supplier. By signing below, I authorize the bank and the suppliers listed above to release account and/or credit information as requested by Ideal North Inc (supplier) in consideration of my request for continuing extension of my credit.

Date: _____ Signature: _____